

SFY 2006-2007 EXPANSION BUDGET REQUEST - DHHS DIVISION RECOMMENDATIONS ABBREVIATED WORKSHEETS

Name of Division/Institution:

Name of Program/Service (as entered in PMD):

Title of Request:

Priority No. ____ of ____ for SFY 06-07 (Division must prioritize requests)

Description of Proposed Expansion Item: (Provide a detailed justification for the request. Define the problem being addressed and the impact on current program/service outcome/output measures. Explain assumptions and methodology used, including formulas, for additional funding. Information may include workload, caseload, unit costs, or other related performance information that illustrates the need or demand.)

Budgetary Information:

	Fund Number(s)	Fund Title(s)	Account Number	Account Title	Current Program/Service Funding	Proposed Expansion	Revised Funding
			1XXX	Personal Services			
			21XX	Contracted Services			
			22XX-5XXX	Operating Expenses			
			6XXX	Aid & Public Assistance			
			7XXX	Reserves			
			8XXX	Transfers			
REQUIREMENTS							
RECEIPTS							
APPROPRIATIONS							
NO. OF POSITIONS							

Other Considerations

- Are statutory changes or special provisions required to implement? ____ Yes ____ No If yes, provide additional information.
- Does this request require additional resources from another state agency? ____ Yes ____ No If yes, name the agency and the funds required.
- Does this request relate to a capital improvement project? ____ Yes ____ No If yes, what is the title of the capital improvement project and the projected completion date?